

nearest section corner:

# State of Washington

For Ecology Use	
Fee Paid	
Date	

Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORG	GANIZATION, OR WATER SYSTEM		
Name ARLENE A- VESSEY	Home Tel:(360) 267 - 4091		
Mailing Address 3/85 StAte-Rt. 105	Work Tel:( ) I Ame		
	9547+ FAX:( ) SAme		
Section 2. CONTACT - PERSON TO CA	ALL ABOUT THE APPLICATION		
Name	Home Tel:()		
	Work Tel:(		
	+FAX:()		
Relationship to applicant			
Estimate a maximum annual quantity to be used in acre-fe	( gallons per minute or or ground water source (check only one) for the ATTACH A "LEGAL" ructions.) NOTE: A tax parcel number or a plat number is eet per year:		
If SURFACE WATER	If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions: Sm/th Creek	A permit is desired for well(s).		
Source flows into (name of body of water):  NoRth River	Size & depth of well(s):		
LOCATION			
Enter the north-south and east-west distances in fee	et from the point of diversion or withdrawal to the		

C.	Do you already have any water rights or class PROVIDE DOCUMENTATION.	aims associated with this property or system?  other Streams For	YES - NO
	see Attachen Formi		
Sec	ction 6. DOMESTIC / PUBLIC W	ATER SUPPLY SYSTEM INFO	RMATION
	ompleted for all domestic/public sup		
A.	Number of "connections" requested: M/	Type of connection (Homes Apartmen	t, Recreational, etc.)
В.	Are you within the area of an approved was If yes, explain why you are unable to conne your County Health Department.	ter system?  ect to the system. Note: Regional water system.	☐ YES ☒ NO
Con	nplete C. and D. only if the proposed	l water system will have fifteen or m	ore connections.
C.	Do you have a current water system plan a Washington State Department of Health? If yes, when was it approved?	pproved by the  Please attach the current approved ver	☐ YES ☐ NO sion of your plan.
D.	Do you have an approved conservation plant If yes, when was it approved?	n? Please attach the current approved ver	☐ YES ☐ NO sion of your plan.
А. В.	Total number of acres to be irrigated: List total number of acres for other specifie		
		cres	
	UseA	crescres	
C.	Total number of acres to be covered by this	s application:	
D.	# Acreage proposed to be irrigated	ontrolling interest, including only: ghts acquired after December 8, 1977;	
		an 2000 acres? in a Family Farm Development Permit?	□ YES □ NO □ YES □ NO
E.	Farm uses: Stockwater - Total # of animals # Non-mil	Animal type //erForn (If dairy c	attle, see below)

### Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? TUST A holding & YES - NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

#### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. From OLYMPIA - head To RAY mond with on Huy. FT7 - TURN L on Butte Creek RD. - approx 1 mi. out of RAYMOND- TOWARDS ABENDEEN- Drive UNITILY IN ROAD. Keep Right = go APProx 3 mis. UNTIL YOU see YELLOW House ON HILL ON R. HAROLD Christensen ON MAIL BOX

## Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.) A.

#### Section 11. PROPERTY OWNERSHIP

- Does the applicant own the land on which the water will be used? YES - NO A. If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

¥YES □ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

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We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Please provide the additional information requested above and return you (date).	er application by
	×
Ecology staff Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).